

USA 15357

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

16090-32

First Named Inventor

STRASSLER

COMPLETE IF KNOWN

Application Number

Filing Date

April 27, 2005

Art Unit

Examiner Name

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Sensor System for Determining the Glucose Concentration in Blood

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

PCT/CH2003/000684

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | Yes                      | No                       |
| 02 024 022.2                        | EP      | 10/28/2002                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2003 0887/03                        | CH      | 05/16/2003                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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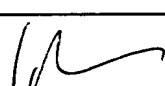
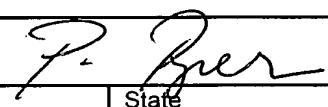
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**DECLARATION — Utility or Design Patent Application**

|   |                           |   |                            |
|---|---------------------------|---|----------------------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>  |                           | OR <input checked="" type="checkbox"/> Correspondence address below           |                            |
| Name<br>Clifford W. Browning  |                           |   |                            |
| Address<br>111 Monument Circle, Suite 3700  |                           |   |                            |
| City<br>Indianapolis  |                           | State<br>IN   | ZIP<br>46204-5137          |
| Country<br>USA  | Telephone<br>317-634-3456 | Fax<br>317-637-7561   |                            |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                           |   |                            |
| NAME OF SOLE OR FIRST INVENTOR:   |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                            |
| Given Name (first and middle [if any])<br>Sigfrid   |                           | Family Name or Surname<br>STRÄSSLER   |                            |
| Inventor's Signature<br>  |                           | Date<br>X 15th 04.2005  |                            |
| Residence: City<br>St-Saphorin-s-Morges   | State                     | Country<br>Switzerland  | Citizenship<br>Switzerland |
| Mailing Address<br>Chemin d'Echavornaz  |                           |   |                            |
| City<br>St.Saphorin-s-Morges  | State                     | ZIP<br>CH-1113  | Country<br>Switzerland     |
| NAME OF SECOND INVENTOR:  |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                            |
| Given Name (first and middle [if any])<br>Peter   |                           | Family Name or Surname<br>RYSER   |                            |
| Inventor's Signature<br>   |                           | Date<br>X 15th April 2005   |                            |
| Residence: City<br>Morges   | State                     | Country<br>Switzerland  | Citizenship<br>Switzerland |
| Mailing Address<br>Chemin de Joulens 8  |                           |   |                            |
| City<br>Morges  | State                     | ZIP<br>CH-1110  | Country<br>Switzerland     |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.   |                           |   |                            |

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

|   |       |   |                            |
|---|-------|---|----------------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                            |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |                            |
| Klaus   |       | GANZ  |                            |
| Inventor's Signature <i>K. Ganz</i>               |       | Date <i>X 15th April 2005</i>   |                            |
| Küsnacht<br>Residence: City                       | State | Switzerland<br>Country  | Switzerland<br>Citizenship |
| Bergstrasse 24<br>Mailing Address                 |       |   |                            |
| Mailing Address                                   |       |   |                            |
| Küsnacht<br>City                                  | State | CH-8700<br>Zip  | Country                    |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                            |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |                            |
| Jacques   |       | JACOT   |                            |
| Inventor's Signature <i>Jacot</i>                 |       | Date <i>X 15th April 2005</i>   |                            |
| Fontaines<br>Residence: City                      | State | Switzerland<br>Country  | Switzerland<br>Citizenship |
| Au Ruz Baron 42<br>Mailing Address                |       |   |                            |
| Mailing Address                                   |       |   |                            |
| Fontaines<br>City                                 | State | CH-2046<br>Zip  | Switzerland<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                            |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |                            |
|   |       |   |                            |
| Inventor's Signature                              |       | Date  |                            |
| Residence: City                                   | State | Country   | Citizenship                |
| Mailing Address                                   |       |   |                            |
| Mailing Address                                   |       |   |                            |
| City  | State | Zip   | Country                    |

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                               |
|------------------------|-------------------------------|
| Application Number     |                               |
| Filing Date            | April 27, 2005                |
| First Named Inventor   | STRASSLER                     |
| Title                  | SENSOR SYSTEM FOR DETERMINING |
| Art Unit               |                               |
| Examiner Name          |                               |
| Attorney Docket Number | 16090-32                      |

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

| Name                 | Registration Number |
|----------------------|---------------------|
| Clifford W. Browning | 32,201              |
|                      |                     |
|                      |                     |
|                      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR


|   |  |       |              |     |            |
|---|--|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Clifford W. Browning                                   |       |              |     |            |
| Address   | Woodard, Emhardt et al. LLP                            |       |              |     |            |
| Address   | Bank One Center/Tower, 111 Monument Circle, Suite 3700 |       |              |     |            |
| City  | Indianapolis   | State | IN           | Zip | 46204-5137 |
| Country   | USA  |       |              |     |            |
| Telephone   | 317-634-3456   | Fax   | 317-637-7561 |     |            |

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |  |
|-----------|---|-----------|--|
| Name      | Sigfrid Strässler   |           |  |
| Signature |  |           |  |
| Date      | 15 <sup>th</sup> April 2005   | Telephone |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 4 forms are submitted.

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|-------------------------------|----------------|
| <b>Application Number</b>     |                |
| <b>Filing Date</b>            | April 27, 2005 |
| <b>First Named Inventor</b>   | STRASSLER      |
| <b>Title</b>                  | SENSOR SYSTEM  |
| <b>Art Unit</b>               |                |
| <b>Examiner Name</b>          |                |
| <b>Attorney Docket Number</b> | 16090-32       |

I hereby appoint:

☐

Practitioners at Customer Number:

OR

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Practitioner(s) named below:

| Name                 | Registration Number |
|----------------------|---------------------|
| Clifford W. Browning | 32,201              |
|                      |                     |
|                      |                     |
|                      |                     |

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☒Firm or  
Individual Name

Clifford W. Browning

Address

Woodard, Emhardt et al. LLP

Address

Bank One Center/Tower, 111 Monument Circle, Suite 3700

City

Indianapolis

State

IN

Zip

46204-5137

Country

USA

Telephone

317-634-3456

Fax

317-637-7561

I am the:

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## **SIGNATURE of Applicant or Assignee of Record**

Name

Peter Ryser

Signature



Date

15th April 2005

Telephone

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| <b>Art Unit</b>               |                |
| <b>Examiner Name</b>          |                |
| <b>Attorney Docket Number</b> | 16090-32       |

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| Address   | Bank One Center/Tower, 111 Monument Circle, Suite 3700 |       |              |     |            |
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                   |           |  |
|-----------|-------------------|-----------|--|
| Name      | Klaus Ganz        |           |  |
| Signature | <i>Klaus Ganz</i> |           |  |
| Date      | 15th April 2005   | Telephone |  |

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| <b>Art Unit</b>               |                |
| <b>Examiner Name</b>          |                |
| <b>Attorney Docket Number</b> | 16090-32       |

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Firm or Individual Name

Clifford W. Browning

Address

Woodard, Emhardt et al. LLP

Address

Bank One Center/Tower, 111 Monument Circle, Suite 3700

City

Indianapolis

State

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## **SIGNATURE of Applicant or Assignee of Record**

Name

Jacques Jacot

Signature

X 

Date

X 19th April 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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